



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Doctors Hospital at Renaissance

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-17-1620-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

January 30, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "After reviewing the account we have concluded that reimbursement received was inaccurate. ...Payment received was only \$8,935.20, thus, according to these calculations; there is a pending payment in the amount of \$139.42.

Amount in Dispute: \$139.42

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Further review shows the applicability of the NCCI Edits for hospitals. The Edits show these codes can be billed separately from code 29807 if a modifier is used. The bill fails to list a modifier attached to either code. Thus, no payment is due."

Response Submitted by: Texas Mutual Insurance Co

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 28 - 29, 2016	Outpatient Hospital Services	\$139.42	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 236 – This billing code is not compatible with another billing code provided on the same day according to NCCI or Workers Compensation state regulations/fee schedule requirements

- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure
- W3 – In accordance with TDE-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 724 – No additional payment after a reconsideration of services

Issues

1. Is the carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of \$139.42 for outpatient hospital services rendered from September 28 -29, 2016.

Review of the DWC 60 finds the following services have an amount listed in "Amount in Dispute;"

- Date of service September 29, 2016 / Code 96374 - Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
- Date of service September 29, 2016 / Code 96375 - Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

The insurance carrier denied codes 96374 and 96375 as 236 – "This billing code is not compatible with another billing code provided on the same day according to NCCI or Workers Compensation state regulations/fee schedule requirements" and 435 – "Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure."

28 Texas Administrative Code §134.403 (d) states in pertinent part,

For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided

Review of the 2016, National Correct Coding Initiative Policy Manual for Medicare Services, <https://www.cms.gov/Medicare/Coding>, Chapter 11, page XI – 6,

Under the OPPS drug administration services related to operative procedures are included in the associated procedural HCPCS/CPT codes. Examples of such drug administration services include, but are not limited to, anesthesia (local or other), hydration, and medications such as anxiolytics or antibiotics. Providers should not report CPT codes 96360-96376 for these services.

Based on the above, the carrier's denial of codes 96374 and 96375 "per NCCI edits" is supported. No additional payment recommended.

2. Based on the provisions of 28 Texas Administrative Code 134.403 (d) the services in dispute are not eligible for separate payment.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	February 17, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.